

PSJ19 Walmart Opp Exh 11 – PKY180512514

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BRANCHPAY

PROGRAM ID	HONORARIA
10041	10000
OTHER EXPENSES	
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AIRFARE	
HOTEL	
GROUND TRANSPORT	1000
MEALS	
MATERIAL PREP.	
ADMINISTRATIVE FEES	
AV/ROOM CHARGES	
MISCELLANEOUS	
TOTAL OTHER EXP. \$	

PURDUE
LECTURE PROGRAM GROUP

TALK DATE: 11/19/97
SOCIAL SEC. NO. 43700000
COST CENTER: 8101
TERMINAL NUMBER: 10000
CHECK DATE: 11/19/97

PAY TO THE ORDER OF: Jennifer Stickland, Thermo
(PAYER NAME)

(ADDRESS)
(CITY)
(STATE)
(ZIP CODE)

PAYABLE THROUGH:
NORTHWEST BANK 75-46
RED WING, MN 919

WAGONUIT \$

NOT GOOD FOR MORE THAN \$5,000.00
NOT NEGOTIABLE FOR CASH BY BEARER OR AUTHORIZED REPRESENTATIVE
NON NEGOTIABLE

LECTURE PROGRAM COORDINATOR SIGNATURE
SIGNATURE OF ASSISTANT DIR. LECTURE PROG. GROUP

By signing this instrument, each of the undersigned certifies that this instrument has been drawn in accordance with the authority issued by Geico Information Network, Inc. If any statement herein be untrue, he, the undersigned, agrees to pay the drawee upon clearance the amount of this statement and all expenses and damages arising from such misstatement.

LECTURE PROGRAM COPY

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PKY180512514

9/3/99 Program ID: 103417 Talk ID: 103756

**PURDUE PHARMA L.P.
SPEAKER CONFIRMATION AND FOLLOW-UP FORM**

Organization: Treasure Coast Pharmacy Association
 Talk Date: November 14, 1999
 Talk Time: 6:30 pm
 Talk Title: Use of Opioids in Chronic Cancer and Non-Cancer Pain Management: The Myths and Realities
 Talk Location: Fairfield Suites, 2000 NW Courtyard Circle, Banquet Room, Port St. Lucie, FL

Contact: Lee Fallon
 Contact Phone: (561) 778-1202
 Purdue Rep: Allen Brzozowski

LECTURE CONFIRMATION INFORMATION:

Jennifer Strickland, PharmD.
 430 Boger Blvd. South
 Lakeland, FL 33803

When booking travel
 refer to the code below:

LP

Because of regulatory considerations, please be advised that if during your talk, you discuss any of our products, this should be within only the framework of approved labeling and approved recommended indications and uses for the product.

PROGRAM ASSESSMENT BY SPEAKER: (Form to be completed by speaker post lecture and returned in enclosed envelope):

Talk Title (if different than above): _____
 Audience Size: 60 Audience Knowledge of Topic: fair How helpful was Purdue Rep? Very
 In a few words, please give us your overall impression of the program: The group was a mixed retail/hospital/long-term care pharmacy group. I had a fair base knowledge. They were extremely attentive & had excellent questions related to their actual practices. Overall, well-coordinated program + interested crowd.
FINANCIAL SUPPORT INFORMATION: PLEASE ATTACH RECEIPTS
 Type (as directed by provider): (X) Direct To Speaker
 Travel Agency Arrangements: () Not applicable in funding
 (X) If required -- Only arrangements made through Wagonlit Travel will be covered.
 (phone: 800-745-3210)

Hotel covered for 1 Night(s)

Honorarium:	\$900.00	(1099)	Mileage (\$0.25/mile)	<u>360 miles = 90.00</u>
Total Expenses:	\$ <u>90.00</u>	(Bypass 1099)	Tolls/Parking	_____
			Hotel	_____
			Meals	_____
			Other	_____

Grand Total: \$ 990.00

Check payable to: Jennifer Strickland, PharmD.
 430 Boger Blvd. South
 Lakeland, FL 33803

SS# / Tax ID #: **REDACTED**

If different than above please specify: Name: _____ SS# / Tax ID #: _____
 Address: _____

Signed (Speaker): Jennifer Strickland Date: 11/29/99

If you have any questions, please call Kimberly Kittridge at Purdue Pharma L. P. (203) 854-7193.

 (For Purdue Office Use Only)
 Requested by: Kimberly Kittridge Date to accounting dept: _____ Approved by: [Signature]
 General Ledger No.: _____ Med Ed Use _____ (revised 12/21/1998 version 1.9)
 Description: November 14, 1999, Vero Beach, FL (Treasure Coast Pharmacy Association) PP/209 () OXY PF/0101 () UNI

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PKY180512515

**MEDICAL EDUCATION
SPEAKERS BUREAU COVER SHEET**

TRACKING
NUMBER:

103417

REQUESTING
SALES REP:

Allen Brozowski

TALK
DATE/TIME:

11/14/99
6:30³⁰

SPEAKER:

Jennifer Strickland, PharmD

DATE OF CONFIRMATION
WITH INSTITUTION:

8/31/99

Notes:

LM 8/25/99

DATE OF CONFIRMATION
WITH SPEAKER:

8/23/99

Notes:

DATE OF CONFIRMATION
WITH REPRESENTATIVE:

Notes:

SPEAKERS BUREAU (✓)

MANAGED CARE ()

DIRECT? OR ED GRANT?

TAX ID #: _____

HONORARIUM: \$

900 -
FOOD COSTS: \$ _

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PKY180512516

**Purdue**

100 Connecticut Avenue
Norwalk, CT 06850-3590
(203) 853-0123
Fax: MedEd (203) 851-5213
Lecture Programs (203) 851-5252

Purdue Speaker Request Form

Rep Region #: 01050000 Rep Territory #: 01050726Rep Name: Allen Brzozowski, Jr. Lecture City/State: Port St. Lucie, FLDate submitted to District Manager: 7/27/99

Date submitted to Home Office: _____

of days lead-time (from date submitted to Home Office to lecture date): _____

Is this Meeting:

A single presentation?

☒ Y

Part of a half day

☐

or full day meeting?

☐

A Seminar or Symposium?

☐

Purdue has the opportunity to exhibit: Yes

☒ Y

No

☐**Meeting Description/Name** (eg: Grand Rounds, Tumor Board, Pivotal Dinner)

Treasure Coast Pharmacy Association Pivotal Dinner

Date of Lecture Program/Seminar/Meeting:First choice: 11/14/99

Alternate dates: _____

Start and Finish Time: 6:30pm to 7:30pm**Name of person responsible for meeting:** Lee FallonJob Title: President, Treasure Coast Pharmacist AssociationDepartment: PharmacyOrganization: Walmart, Pharmacy ManagerStreet: 5555 20th StreetCity: Vero BeachState: FLZip: 32966Telephone: 561-778-1202Fax: 561-778-1222 (4)

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PKY180512517

Speaker Request Form, pg 2

E-Mail: _____

Requested Topics: (if multiple speakers, please state which topic relates to which speaker)Use of Opioids in Chronic Cancer and Non-Cancer Pain Management: The Myths and Realities

_____**Meeting Location:** (please include room and address)Organization: Fairfield SuitesAddress: 2000 NW Courtyard CircleBanquet RoomCity: Port St. Lucie State: FL Zip: 34986**Estimated Total Attendance:** 100**Costs/Fees involved:** _____

MDs: _____

Food: \$ 750.00

Nurses: _____

Administrative fees: \$ _____

Residents: _____

AV Rental: \$ _____

Pharmacists: 100

Miscellaneous (please specify): _____

PAs: _____

Others (please specify): _____

This request is for a single speaker ☒ / multiple speakers ☐

If multiple speakers are requested, how many? _____

Requested Speaker(s) and distance from lecture location: (Please provide a minimum of 2 choices in order of preference)**Speaker choices:****Distance (in miles) and travel time from lecture site:**1) Jennifer Strickland, Pharm.D.1) 150 miles; 3 hours (by car)

2) _____

2) _____

3) _____

3) _____

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PKY180512518

Speaker Request Form, pg 3

Are any of the speakers new to the Speakers Bureau? Yes ☐ No ☒

If yes to above, a Speaker Recommendation Form and current curriculum vitae must be submitted to the home office with sufficient time to allow for approval and recruitment.

Have there been, or will there be programs submitted that are associated with this event?

Yes ☐ No ☒ If yes, please outline the events below.

NOTE: Grouped programs must be submitted within a period of 5 *business days*.

Please check the following:

The speaker has ☒ has not ☐ *tentatively* agreed to this lecture engagement.

Other Comments:

This program represents a huge opportunity for Purdue since 100 pharmacists from the Treasure Coast area of Florida will be in attendance. Pharmacists from retail and hospital pharmacies (including Hospital Pharmacy Directors and retail pharmacy managers) in the Treasure Coast area (which includes the area from Sebastian to Jupiter, FL) are members of the association. This lecture will not only be key in educating pharmacists on the role of opioids in pain management, and why Oxycontin (and Palladone XL) are the best choices of opioid analgesics, but also improving the potential of Palladone XL being placed on area hospital formularies.

District Manager Name: _____

Approval date: _____

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